

EXHIBIT “K”

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| <p>1 Direct - Kampers</p> <p>2 statins and aspirin and medicine to help him --</p> <p>3 help him sleep. At the time that I saw him, he</p> <p>4 admitted to me that he -- he had been drinking</p> <p>5 alcohol to excess, but there wasn't any history of</p> <p>6 any -- of any other -- of being -- any other</p> <p>7 substance abuse. So he -- he -- he did have a</p> <p>8 history of having suffered with, you know,</p> <p>9 suffering with anxiety and depression but had never</p> <p>10 ever before I saw him ever been diagnosed with</p> <p>11 either posttraumatic stress disorder or complex</p> <p>12 posttraumatic stress disorder. And you know, they</p> <p>13 -- there was no -- there was no history or evidence</p> <p>14 to support that this was in any way a preexisting</p> <p>15 condition.</p> <p>16 Q. Preexisting meaning preexisting before</p> <p>17 what?</p> <p>18 A. Well, before the -- before the events</p> <p>19 that unfolded after the whistleblowing, the</p> <p>20 whistleblowing incident, and you know, in his role</p> <p>21 as -- as you know, in his role when he was in</p> <p>22 financial arbitration and you know, when he -- when</p> <p>23 he -- you know, in connection with the whole</p> <p>24 whistleblowing which of course is what this case is</p> <p>25 really about and he, you know -- he told me that in</p> | <p>1 Direct - Kampers</p> <p>2 a space launch and have all these computers and</p> <p>3 activities around you and the environment he was</p> <p>4 working in even in recently in his home was just an</p> <p>5 environment that he was just constant very, very</p> <p>6 high levels, high levels of stress, and it was</p> <p>7 towards the end of each day when he was finally</p> <p>8 able to disconnect from that that he would then</p> <p>9 describe these dissociative episodes he described</p> <p>10 in his dissociative seizures that because I</p> <p>11 witnessed these before, you know, it was very clear</p> <p>12 to me that those were stress-related dissociative</p> <p>13 symptoms that he was experiencing on a regular</p> <p>14 basis.</p> <p>15 So yes, he had been treated on various</p> <p>16 medications at the time that I -- at the time that</p> <p>17 I saw him, but in terms of how he presented, I am</p> <p>18 going to describe to you exactly what it was in my</p> <p>19 additional -- my initial -- my initial diagnosis</p> <p>20 and treatment on him was a man who not only had</p> <p>21 complex PTSD but was demonstrating all of the</p> <p>22 symptoms of amygdala hijack. In those situations,</p> <p>23 the only way that you can try and help calm the</p> <p>24 situation down that you have to try to quiet him</p> <p>25 down the safety sense of the amygdala, and in my</p> |
| <p>1 Direct - Kampers</p> <p>2 his role that, you know, towards the end of 2016 he</p> <p>3 -- I think it was 2016, he said that the company --</p> <p>4 that he suffered criminal activity within the</p> <p>5 company and that he felt duty-bound to respond to</p> <p>6 the appropriate authorities and that, you know,</p> <p>7 subsequent to that, you know, the stress levels and</p> <p>8 the harassment that he was subjected to really</p> <p>9 resulted in the -- you know, the development of</p> <p>10 posttraumatic stress disorder and complex</p> <p>11 posttraumatic stress disorder, and I don't think</p> <p>12 that he has ever recovered from this.</p> <p>13 Every single time I have seen him, he</p> <p>14 has really demonstrated very, very profound -- very</p> <p>15 profound symptoms. And highly stressed and you</p> <p>16 know, in a state of 24/7 very high levels of</p> <p>17 anxiety. And he actually mentioned he was in one</p> <p>18 -- in a recent Zoom session, he actually -- he</p> <p>19 actually took his computer and actually showed me</p> <p>20 the sort of environment that he was working in and</p> <p>21 to -- it looked to me there were so many computers</p> <p>22 that were surrounding him, all with the type of</p> <p>23 thing that you would see in financial institutions,</p> <p>24 it almost looked to me like -- like the type of</p> <p>25 environment you would see, you know, when you watch</p> | <p>1 Direct - Kampers</p> <p>2 experience, the most effective medication for that</p> <p>3 is a medication called Pregabalin, which is used in</p> <p>4 various disciplines in medicine. It's used by</p> <p>5 neurologists, it's used by pain physicians, and</p> <p>6 it's used by psychiatrists, in fact, in the UK.</p> <p>7 Pregabalin is licensed for the treatment of</p> <p>8 generalized anxiety disorder, and when you use</p> <p>9 Pregabalin in combination with a small dose of a</p> <p>10 benzodiazepine, something like diazepam which the</p> <p>11 main public would know as Valium, it really does</p> <p>12 help to calm down the amygdala, and that was what I</p> <p>13 initially recommended that he needed. He needed to</p> <p>14 be on this combination of medication in order to</p> <p>15 try and you know, quiet down his amygdala and take</p> <p>16 -- at least take some of the edge off the very,</p> <p>17 very high levels of stress that he was under.</p> <p>18 Q. Dr. Kampers, just a few more questions</p> <p>19 and I appreciate your time. Do you still see</p> <p>20 Simon?</p> <p>21 A. Yes.</p> <p>22 Q. As a patient?</p> <p>23 A. I mean, there have been times where</p> <p>24 Simon has -- there have been times where Simon has</p> <p>25 of his own volition recognized that, you know, both</p> |

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| <p>1 Direct - Kampers</p> <p>2 him and his -- and his wife were -- you know, were</p> <p>3 not coping very well. You know, he has always been</p> <p>4 very honest with me and has said to me that, you</p> <p>5 know, he found -- he found solace in drinking</p> <p>6 alcohol and so he had checked himself into a</p> <p>7 rehabilitation facility in Thailand. So there have</p> <p>8 been periods of time where he has been in rehab and</p> <p>9 then has come back. So there have been gaps, there</p> <p>10 have been gaps in the times that, you know, where</p> <p>11 he has been -- where he has been elsewhere</p> <p>12 receiving treatment for, you know, for -- you know,</p> <p>13 for solving medication with alcohol, but I have</p> <p>14 seen him -- I have seen him -- I have seen him over</p> <p>15 the years at intervals, and as I say, every time</p> <p>16 that I have seen him, he has -- he has presented in</p> <p>17 virtually the exactly the same way as I have -- as</p> <p>18 I have described to you.</p> <p>19 Q. Dr. Kampers, did there come a time when</p> <p>20 this hearing was previously scheduled when you</p> <p>21 wrote a summary of your treatment and findings of</p> <p>22 Simon?</p> <p>23 A. I -- I -- I wrote a medical report in</p> <p>24 April of 2023.</p> <p>25 Q. That's what I am referring to. So --</p> | <p>1 Direct - Kampers</p> <p>2 A. That's correct.</p> <p>3 MR. BRICKMAN: Is the panel able to see</p> <p>4 the exhibit?</p> <p>5 ARBITRATOR KHEEL: Thank you. We should</p> <p>6 note we appreciate very much counsel giving us</p> <p>7 the thumb drive. It's been remarkably useful</p> <p>8 to us.</p> <p>9 Q. Looking if we could, Dr. Kampers, I want</p> <p>10 to draw your attention to, "He does continue to</p> <p>11 take his regular prescription", that paragraph. Do</p> <p>12 you see that?</p> <p>13 A. Yes.</p> <p>14 Q. "Which he gets from his GP as follows:"</p> <p>15 I just want you to describe for the panel the first</p> <p>16 is -- and a terrible pronunciation -- Citalopram?</p> <p>17 A. So the first one is Citalopram. So</p> <p>18 Citalopram is -- it's a medication that's known as</p> <p>19 an SSRI, selective serotonin reuptake inhibitor. I</p> <p>20 mean, the panel would most likely -- would all</p> <p>21 probably recognize the name Prozac. Prozac is in</p> <p>22 the same family as that class of medications. So</p> <p>23 it's a selective serotonin reuptake inhibitor, and</p> <p>24 what it means is it's used to treat both anxiety</p> <p>25 and depression, and when you see somebody who is on</p> |
| <p>1 Direct - Kampers</p> <p>2 A. Yes. I wrote -- I wrote a medical</p> <p>3 report in April of '23, and I detailed that I</p> <p>4 hadn't seen him, you know, for a considerable</p> <p>5 period of time but that -- you know, my concerns</p> <p>6 about him, you know, have always been the same in</p> <p>7 terms of, you know, the very high level of stress,</p> <p>8 hypervigilance and constant autonomic hyperarousal</p> <p>9 that he was in. You know, described that --</p> <p>10 described that as what we call threat physiology</p> <p>11 where you are literally in a persistent fight or</p> <p>12 flight state. As if you are -- you know, that</p> <p>13 there is real imminent danger around you.</p> <p>14 Q. All right, Dr. Kampers, if the panel can</p> <p>15 turn to Exhibit 453. It's in the fourth volume.</p> <p>16 MS. CARDENAS: Does Dr. Kampers have</p> <p>17 access?</p> <p>18 MR. BRICKMAN: He has access, but we are</p> <p>19 going to share the screen so we can see it</p> <p>20 again.</p> <p>21 Q. Dr. Kampers, can you see the shared</p> <p>22 screen document?</p> <p>23 A. Yes, I could see that.</p> <p>24 Q. Is that the report you wrote in April</p> <p>25 2023?</p> | <p>1 Direct - Kampers</p> <p>2 Citalopram at that dose, which is 40 milligrams and</p> <p>3 he -- that was under -- that's the dose he was on</p> <p>4 when he came to see me, that is, you know -- that</p> <p>5 is indicative of somebody that has been treated,</p> <p>6 you know, for depression and anxiety and that's the</p> <p>7 medication that he initially came to see me on. So</p> <p>8 that's what Citalopram is. It's a medication used</p> <p>9 to treat depression and anxiety. The second one --</p> <p>10 Q. Yes.</p> <p>11 A. -- is called Lamotrigine. So</p> <p>12 Lamotrigine is used by psychiatrists. It's also</p> <p>13 used by neurologists as an antiepileptic</p> <p>14 medication. In psychiatry it's used more as a</p> <p>15 medication to stabilize the mood. That's -- at</p> <p>16 that dose 200 milligrams per day, it is used as a</p> <p>17 mood stabilizer. The third one is Zolpidem. So</p> <p>18 those are known as the Z drugs that could be very</p> <p>19 similar to hypnotics that people would use.</p> <p>20 Valium, diazepam. Those are sleeping tablets and</p> <p>21 then the fourth one which is Trazodone, that is an</p> <p>22 old style antidepressant not used that much more as</p> <p>23 an antidepressant. It was at that dose, 50</p> <p>24 milligrams at night, that was being used for more</p> <p>25 for its sedative effects. So he was taking</p> |

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| <p>1 Direct - Kampers</p> <p>2 In terms of -- in terms of your</p> <p>3 digestive system, your immune system, your</p> <p>4 lymphatic system, every single system of the body</p> <p>5 that needs to operate in, you know, in homeostasis</p> <p>6 is – is negatively affected, which is why people</p> <p>7 present with such a variety of symptoms, physical</p> <p>8 symptoms, emotional symptoms and can have -- and</p> <p>9 can have negative consequences on all your --</p> <p>10 people are more prone to injuries, and if they are</p> <p>11 injured, they take much longer to recover. It's --</p> <p>12 it's the most unhealthy state to be in is a state</p> <p>13 of persistent autonomic arousal because you are in</p> <p>14 in survival mode, and in survival mode that is all</p> <p>15 your body and your brain do is they -- they are --</p> <p>16 they are fighting to survive, and so you know,</p> <p>17 day-to-day things no longer are important because</p> <p>18 it's -- it's all that is important as -- as I said</p> <p>19 to you before, the amygdala is -- it's a primitive</p> <p>20 part of our brain. It's not very good at being</p> <p>21 specific about what it considers to be dangerous or</p> <p>22 a threat. It's what you or I think well, that's</p> <p>23 not that bad, that's not that stressful, why should</p> <p>24 it do it. That's not how the amygdala works. It's</p> <p>25 a reptilian part of our brain that is trying to do</p> | <p>1 Direct - Kampers</p> <p>2 time each day. Epilepsy is electrical activity in</p> <p>3 the brain that causes seizures to happen any time.</p> <p>4 When something happens more or less the same time</p> <p>5 each day, I explained to him he was able to</p> <p>6 function during the day.</p> <p>7 I think it was last occasion I saw him</p> <p>8 he actually showed me the room with his computer.</p> <p>9 I explained to him that, you know, he was able</p> <p>10 to -- you know, while he was working during the</p> <p>11 day, he was able to engage his frontal lobe, but it</p> <p>12 was in the evenings, you know, when he wasn't that</p> <p>13 hyperfocused on what he was doing that then the</p> <p>14 stress that he was under would effectively take</p> <p>15 over and because the brain -- his brain does not</p> <p>16 know how to deal with that stress, it dissociates</p> <p>17 and it dissociates into physical symptoms and those</p> <p>18 physical symptoms that it dissociates into are --</p> <p>19 were these seizures.</p> <p>20 If you have ever, you know, read -- most</p> <p>21 people would have heard of something called</p> <p>22 hysterical blindness, which was described many,</p> <p>23 many years ago and that's where people -- you know,</p> <p>24 it used to happen in women who would go blind and</p> <p>25 as described as hysterical blindness, and they</p> |
| <p>1 Direct - Kampers</p> <p>2 its job. It perceives that a person is in high</p> <p>3 state of threat as if they were going to lose their</p> <p>4 life. They literally are -- your brain is in</p> <p>5 survival mode. I mean, your brain is in survival</p> <p>6 mode. That's all it's doing is you are just</p> <p>7 surviving.</p> <p>8 Q. Dr. Kampers, when was the last time you</p> <p>9 saw Simon Andriesz either remotely or --</p> <p>10 A. Yes. I would need -- if you can just</p> <p>11 take me out of this screen, just put me back into</p> <p>12 the normal mode so I can just look at my -- I guess</p> <p>13 the last time I saw Simon was towards the end of</p> <p>14 last year. So that was in November of last year,</p> <p>15 and again I am looking at my notes here. I saw him</p> <p>16 on Tuesday, the 14th of November last year, and he</p> <p>17 again described very high levels of anxiety and</p> <p>18 that is -- that is -- you know, he had sent me</p> <p>19 e-mails about this. That was when he was having</p> <p>20 these dissociative episodes that he described as</p> <p>21 seizures and that they would happen predominantly</p> <p>22 in the evening while he was no longer working and I</p> <p>23 explained to him then that the reason that was</p> <p>24 happening is that it wasn't epilepsy because you</p> <p>25 don't have -- you don't have epilepsy at the same</p> | <p>1 Direct - Kampers</p> <p>2 would often be admitted into psychiatric</p> <p>3 facilities. That's an example of how when somebody</p> <p>4 is dissociated by that amount of stress, they can</p> <p>5 actually go blind. So the visual system does not</p> <p>6 work anymore.</p> <p>7 So when you asked me earlier how does it</p> <p>8 affect organ systems, hysterical blindness is a</p> <p>9 classic example of what stress can do to the</p> <p>10 system, and now you remove the stress and actually</p> <p>11 the people can see again. So you know, this has</p> <p>12 been documented in throughout history.</p> <p>13 Q. Dr. Kampers, just two more questions for</p> <p>14 you. When you saw Mr. Andriesz in November of last</p> <p>15 year, 2023, did you make any sort of determination</p> <p>16 that he no longer needed to be on his medications?</p> <p>17 A. Oh, no, no. What I actually suggested</p> <p>18 when I last saw him was I actually explained to him</p> <p>19 about somatic presentation, you know, that he was</p> <p>20 experiencing and that how his body was actually</p> <p>21 storing the trauma, I even recommended that if he</p> <p>22 could read the book that I described to you earlier</p> <p>23 by Dr. Bessel called The Body Keeps the Score so he</p> <p>24 could understand that, and at that time I also</p> <p>25 suggested that he also really needed to up-titrate</p> |

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| <p>1 Direct - Kampers</p> <p>2 the dose of his Pregabalin, and we needed to get</p> <p>3 his Pregabalin, you know, to as close to the</p> <p>4 recommended dose in psychiatry and that we use that</p> <p>5 in combination with a benzodiazapine.</p> <p>6 And the benzodiazapine that I</p> <p>7 recommended was a medication called Clonazepam, and</p> <p>8 the reason I chose Clonazepam is because</p> <p>9 interestingly, Clonazepam is also used by</p> <p>10 neurologists for the treatment of epilepsy. Not</p> <p>11 that I thought that he had epilepsy, but it's very</p> <p>12 effectively when used in combination with</p> <p>13 Pregabalin as a -- as a synergistic medication. In</p> <p>14 other words, if by taking Pregabalin and Clonazepam</p> <p>15 together, the Clonazepam augments the Pregabalin</p> <p>16 and makes the Pregabalin work more effectively, and</p> <p>17 the Pregabalin augments the Clonazepam which makes</p> <p>18 the Clonazepam work more effectively. So you have</p> <p>19 two medications when used together augment each</p> <p>20 other, and you have a greater summary effect if you</p> <p>21 were using either of them as standalone</p> <p>22 medications.</p> <p>23 That's how worried about him I was.</p> <p>24 It's very seldom that I would recommend somebody</p> <p>25 up-titrate the dose of their Pregabalin to that</p> | <p>1 Cross - Kampers</p> <p>2 that are all negative.</p> <p>3 Q. I really appreciate your time. Now the</p> <p>4 respondents get to ask you questions, Dr. Kampers,</p> <p>5 but I am done. I really appreciate you making</p> <p>6 yourself available.</p> <p>7 A. Sure.</p> <p>8 ARBITRATOR KHEEL: You can proceed but</p> <p>9 let me just ask Mr. Brickman a question. I</p> <p>10 understand your client is upset. I am</p> <p>11 prepared to go ahead. I assume Ms. Cardenas</p> <p>12 is. I just want to ask if you need a brief</p> <p>13 break.</p> <p>14 MR. BRICKMAN: No. We would like to</p> <p>15 push through because Dr. Morgan --</p> <p>16 ARBITRATOR KHEEL: That's fine. I am in</p> <p>17 favor of that. Ms. Cardenas, it's your</p> <p>18 witness.</p> <p>19 MS. CARDENAS: Thank you, Mr. Chair.</p> <p>20 CROSS-EXAMINATION</p> <p>21 BY MS. CARDENAS:</p> <p>22 Q. Good morning, Dr. Kampers. My name is</p> <p>23 Virginia Cardenas. I am counsel for respondents.</p> <p>24 Thank you for joining us. Let me know if I need to</p> <p>25 speak up at all. I just want to start by</p> |
| <p>1 Direct - Kampers</p> <p>2 level. That's how concerned I was about him that</p> <p>3 because now what happened was he -- his -- you know</p> <p>4 his body was now starting to -- to -- you know, to</p> <p>5 demonstrate the levels of trauma that he was</p> <p>6 holding onto.</p> <p>7 Q. And my last question, Dr. Kampers, based</p> <p>8 on your treatment of Simon, did you make a</p> <p>9 determination as to whether or not he could</p> <p>10 function in his day-to-day life without being</p> <p>11 medicated?</p> <p>12 A. There is no way that he would be able to</p> <p>13 function on a day-to-day basis without medication.</p> <p>14 The medication he is taking at the moment is at</p> <p>15 best holding -- holding the situation. It's -- I</p> <p>16 think it's -- at the moment in terms of the</p> <p>17 medication that he is taking, it's -- it's -- it's</p> <p>18 a little bit of a firefighting exercise almost.</p> <p>19 You are using medication as a hose to try and put</p> <p>20 out a burning building kind of thing. So at best</p> <p>21 it's holding him. Without medication, I would be</p> <p>22 -- I would be extremely concerned about -- about</p> <p>23 him. I think that -- I don't know. I don't know</p> <p>24 what, you know, that degree of stress and trauma</p> <p>25 could do to him. There are so many possibilities</p> | <p>1 Cross - Kampers</p> <p>2 clarifying the timing and frequency which which you</p> <p>3 saw Mr. Andriesz. The first time you testified was</p> <p>4 in July of 2022; is that correct?</p> <p>5 A. Well, I have never testified before but</p> <p>6 the first time I saw him.</p> <p>7 Q. Yes. First time you saw Mr. Andriesz.</p> <p>8 A. Yes. First time I saw him was after</p> <p>9 being referred to me by his GP. I first saw him in</p> <p>10 June of 2019.</p> <p>11 Q. The first time you saw him was in June</p> <p>12 of 2019?</p> <p>13 A. Yes. He was referred to me. He was</p> <p>14 referred to me by his -- by his GP. I am just</p> <p>15 trying -- yes. My screen has frozen.</p> <p>16 Q. Are you referring to some notes you took</p> <p>17 of Mr. Andriesz's visits, or what are you referring</p> <p>18 to?</p> <p>19 A. Yes. So bear in mind that every time</p> <p>20 that I have seen -- I have only -- I have only ever</p> <p>21 been -- I have only ever seen Mr. Andriesz</p> <p>22 remotely. I haven't seen him face-to-face in terms</p> <p>23 of my -- the first time I saw him so I wrote the</p> <p>24 days wrong. My screen -- give me a second. My</p> <p>25 screen just froze on me. I need to go out of that</p> |

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| <p>1 Cross - Kampers</p> <p>2 were not the cause of how he presented to me.</p> <p>3 Those in the context of what tipped the balance,</p> <p>4 what was -- what was the -- what was the -- what</p> <p>5 tipped the balance in terms of, you know, whether</p> <p>6 or not he had PTSD that was previously not fully</p> <p>7 treated or not fully processed, what was -- for all</p> <p>8 intents and purposes, what was the straw that broke</p> <p>9 the camel's back, and it was very clear that that</p> <p>10 -- from a description of his GP and from a</p> <p>11 description of Simon were related to those events.</p> <p>12 He was not in that state for all those years.</p> <p>13 Q. So Mr. Andriesz presented to you in June</p> <p>14 of 2022, July of 2022 and based on his state then,</p> <p>15 you determined that he was suffering from PTSD at</p> <p>16 that time, correct?</p> <p>17 A. Complex PTSD.</p> <p>18 Q. Complex -- I'm sorry. I don't mean to</p> <p>19 misspeak. Complex PTSD. Are you aware?</p> <p>20 A. And I said complex PTSD and a state of</p> <p>21 what was really important, really was a state of</p> <p>22 amygdala hijack. That's how severe that trauma had</p> <p>23 been -- how severe his trauma presentation was</p> <p>24 that, you know, it -- it had the complexities that</p> <p>25 he had gone into amygdala hijack into persistent</p> | <p>1 Cross - Kampers</p> <p>2 Q. Okay. Go ahead.</p> <p>3 A. It's not as simple as a yes or no.</p> <p>4 Because obviously working in the financial sector,</p> <p>5 you know, all of those environments can be -- you</p> <p>6 know, can be stressful -- can be stressful events</p> <p>7 but so -- but that's not what was described to me.</p> <p>8 What was described to me was the events surrounding</p> <p>9 the whistleblowing litigation in relation to that.</p> <p>10 That is the -- that was the description of the --</p> <p>11 despite it -- irrespective of how he had not seen</p> <p>12 that -- you know, his employer forward, as I said</p> <p>13 earlier, the amygdala is not a very good measure of</p> <p>14 time. It's not a very good measure of what is</p> <p>15 threatening in time. Yes, he may well be working</p> <p>16 in other stressful environments, but to attribute</p> <p>17 that that be the cause of his presentation in the</p> <p>18 way that he presented to me in the context of this</p> <p>19 case, I -- I -- I think that would be irrespective</p> <p>20 of other stressful environments. There was a far</p> <p>21 more -- a causal relationship in terms of the</p> <p>22 whistleblowing instance and how that -- how that</p> <p>23 unfolded for him.</p> <p>24 Q. Are you aware in 2015 during the time he</p> <p>25 was employed by my client that Mr. Andriesz</p> |
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| <p>1 Cross - Kampers</p> <p>2 survival mode, and he was in persistent survival</p> <p>3 mode not because of what he witnessed in his</p> <p>4 childhood, not because of the events that had</p> <p>5 happened to him in his life. He had gone into that</p> <p>6 state of persistent amygdala hijack and persistent</p> <p>7 -- in relation to the events that were surrounding</p> <p>8 the whistleblowing events. That's what tipped the</p> <p>9 balance.</p> <p>10 Q. Are you aware of in July of 2022 Mr.</p> <p>11 Andriesz had not been employed by my client or had</p> <p>12 any contact with them in more than five years?</p> <p>13 A. I didn't know that specifically, no.</p> <p>14 Q. Are you aware that Mr. Andriesz in the</p> <p>15 intervening five years had worked for other</p> <p>16 financial services firms?</p> <p>17 A. I think he did mention that to me, yes.</p> <p>18 Q. And you agree, based upon your</p> <p>19 discussions with Mr. Andriesz, that those were</p> <p>20 stressful work environments, right?</p> <p>21 A. When a person is -- when a person is --</p> <p>22 Q. Are you able to give me a yes or no to</p> <p>23 that? I just want to move this along.</p> <p>24 A. It's -- well, it's not as simple as a</p> <p>25 yes or no.</p> | <p>1 Cross - Kampers</p> <p>2 experienced a stressful divorce?</p> <p>3 A. Sorry. Can you repeat the question?</p> <p>4 Q. Are you aware during 2015 during the</p> <p>5 time that he was employed by my client Mr. Andriesz</p> <p>6 experienced a stressful divorce?</p> <p>7 A. Yes. Yes. I mean, I know that he was</p> <p>8 going through a divorce.</p> <p>9 Q. Just a couple more questions. I can</p> <p>10 take this down.</p> <p>11 A. Just can I also just add to that? I</p> <p>12 have -- I have in my 25 years as a psychiatrist</p> <p>13 never seen a stressful divorce -- and I have seen</p> <p>14 many people go through a stressful divorce --</p> <p>15 create this situation. So to attribute, you know,</p> <p>16 his presentation to -- you know, to a sequence of</p> <p>17 childhood events or to a stressful divorce as to</p> <p>18 why he presented like that at that time, I think</p> <p>19 that I have never -- I have never seen anybody</p> <p>20 present like that after a stressful divorce or even</p> <p>21 a -- during a stressful divorce.</p> <p>22 Q. Stress is a trigger to PTSD; is that</p> <p>23 right? I think that was your testimony earlier.</p> <p>24 A. That stress can trigger -- can trigger</p> <p>25 untreated unprocessed PTSD, yes.</p> |

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|---|---|
| <p>1 Direct - Morgan</p> <p>2 whom my secretary sent it out. We certainly shared</p> <p>3 it with Simon as a means of referral if he went to</p> <p>4 see somebody, but I am not sure -- I am not sure</p> <p>5 without recourse to the notes whether that was --</p> <p>6 to whom it was sent.</p> <p>7 Q. In the course of your initial</p> <p>8 consultations with Simon, were you made aware of</p> <p>9 anything that could have caused the symptoms you</p> <p>10 observed that had happened after he left his</p> <p>11 previous employer, between the time he left his</p> <p>12 previous employer which was in January -- late</p> <p>13 January, 31st of January, 2017, and when he saw you</p> <p>14 on October of 2017? Does that question make any</p> <p>15 sense to you, or do you need me to rephrase it?</p> <p>16 A. I think I understand the question but so</p> <p>17 I will answer certainly. I guess the short answer</p> <p>18 is no, it -- I wasn't made aware of any other</p> <p>19 events as it were. My understanding was that he</p> <p>20 left his previous employment in early 2017, which</p> <p>21 for reasons as was previously discussed. At the</p> <p>22 time I saw him, he had moved back to London. As I</p> <p>23 say, had this new employment and had been working</p> <p>24 there for around a week and had found that he</p> <p>25 was -- as I understand it, there had been contact</p> | <p>1 Direct - Morgan</p> <p>2 of view. He describes physical symptoms of</p> <p>3 distress at various times. He has had unusual</p> <p>4 pains and tingling and different parts of the body.</p> <p>5 His sleep is disturbed. He -- he feels anxious.</p> <p>6 He has episodes where he is angry or irascible for</p> <p>7 what might be viewed as small external triggers.</p> <p>8 He experiences symptoms of dissociation. All and</p> <p>9 -- and I am sure other things which aren't coming</p> <p>10 to mind but all symptoms of ongoing active</p> <p>11 posttraumatic stress disorder, which is barely</p> <p>12 managed by the -- by the medication that we have</p> <p>13 him on.</p> <p>14 Q. Dr. Morgan, have you ever treated Simon</p> <p>15 during the -- I guess it's more than six years now,</p> <p>16 correct, that you have seen him?</p> <p>17 A. Correct. Yes.</p> <p>18 Q. Have you ever treated him for</p> <p>19 alcoholism?</p> <p>20 A. I have not. I think he told me -- I</p> <p>21 think he told me at some point that he had attended</p> <p>22 AA for alcohol dependency at some point in the</p> <p>23 distant past. Again, without consulting, I would</p> <p>24 struggle to give you the date, but I think around</p> <p>25 2000 or early 2000s is when he stopped drinking.</p> |
| <p>1 Direct - Morgan</p> <p>2 between his previous employer and his new employer</p> <p>3 which led to him being questioned about things</p> <p>4 which he felt was inappropriate contact and he was</p> <p>5 very much triggered and distressed by that</p> <p>6 situation. I wasn't aware of any events if you</p> <p>7 like in the intervening eight or nine months,</p> <p>8 whatever that is.</p> <p>9 Q. And this is quintessentially a layman's</p> <p>10 question the way I am about to phrase it, and if</p> <p>11 you are able to answer, I would appreciate it, Dr.</p> <p>12 Morgan. Has Simon presented to you recently that</p> <p>13 he no longer suffers from the symptoms he described</p> <p>14 to you when you first met him? In other words, has</p> <p>15 he been cured?</p> <p>16 A. No. In short --</p> <p>17 Q. Is it your determination that he still</p> <p>18 needs these antidepressants and antianxiety</p> <p>19 medications?</p> <p>20 A. Very much so.</p> <p>21 Q. When you say "very much so", can you</p> <p>22 explain what you mean by that to the panel?</p> <p>23 A. I mean, he still when I -- when I have</p> <p>24 spoken to him, as I say last time was in December,</p> <p>25 he remains unwell from a posttraumatic stress point</p> | <p>1 Direct - Morgan</p> <p>2 Q. Are you familiar with AA?</p> <p>3 A. I am certainly familiar with the</p> <p>4 concept, yes.</p> <p>5 Q. Do only alcoholics attend AA meetings?</p> <p>6 A. Well, that's -- do I know enough to</p> <p>7 answer that question?</p> <p>8 Q. And if you don't, I don't want you to</p> <p>9 speculate or answer something you don't know based</p> <p>10 on your experience and knowledge.</p> <p>11 A. I mean, I guess what I would say is I</p> <p>12 know that AA is -- it's a voluntary organization.</p> <p>13 So people who are attending are attending for their</p> <p>14 own reasons, and I would say that, you know, they</p> <p>15 have taken themselves there because they feel they</p> <p>16 have a problem with alcohol. Whether you qualify</p> <p>17 that as being alcoholic is probably a hard to</p> <p>18 define thing.</p> <p>19 Q. And I just want -- I want to end Dr.</p> <p>20 Morgan, and I think you mentioned in passing, when</p> <p>21 is the last time you saw Simon?</p> <p>22 A. The last time I spoke to Simon by</p> <p>23 telephone was in December of 2023. The last</p> <p>24 face-to-face meetings with a little longer ago and</p> <p>25 I can't give you the exact date, but I think it was</p> |